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ART. I.—*A Case of Cerebral Neuralgia terminating fatally by Serous Apoplexy, with Remarks on the occurrence of Serous Apoplexy.* By J. DA COSTA, M.D., Lecturer on the Practice of Medicine in the Philadelphia Medical Association, etc.

Mrs. S., aged 30, was admitted into my ward at the Episcopal Hospital, on the 8th of August, 1858, for attacks of neuralgia and headache, to which she had been subject for four months. There was no reason to suppose that she had ever had syphilis, nor did she admit having suffered from intermittent fever. Her health had commenced to give way under the continuance of the disease; she was pale and feeble and had a distressed look of countenance. Her throat had been sore for two weeks; but no signs of any important organic disease were discovered. The lungs were healthy; the impulse of the heart not distinct, but the sounds normal. The tongue was covered with a yellowish fur, the appetite was bad, and the bowels constipated. Slight tenderness on pressure existed over the epigastric region; the percussion dulness over the liver extended below the margin of the ribs, and was accompanied by a greater feeling of resistance than is usual. The pulse ranged between 75 and 80 and was small and weak. The skin was relaxed with a disposition to perspire; the eye was clear, the pupils dilated. Neither motion nor sensation were in the slightest degree impaired. Her

intelligence was good, and excepting restlessness and peevishness, no symptoms of disturbance of the nervous system were noted. The spinal column was at no portion sensitive on pressure. The urine was copious in quantity and, as far as it was tested, not abnormal. She complained of amenorrhœa and of leucorrhœa, and displacement of the womb; but a careful per-vaginam examination made by the then resident, Dr. H. Y. Evans, disclosed a perfectly healthy condition of the parts, with little discharge and no displacement. The attacks of headache and neuralgia were observed to be neither persistent nor equal in severity. At times they lasted only for a few minutes, and hours elapsed before their recurrence; at others they were of longer duration, and occurred at such short intervals as to seem continuous. They appeared mainly at night, between the hours of nine and two, and were marked by great pain in the forehead, by intense restlessness, by a disposition to talk, to scream, and had, indeed, many of the characters of an hysteric paroxysm. The pain was accompanied by a slightly increased sensitiveness of the skin of the face, and sometimes by irritability of the stomach. It was acute, was seated above the brows, shooting to the hair and back of the head, and down over the face and neck, and although felt on both sides, seemed much more severe on the right. From this reason, joined to the fact that the usual painful spots of neuralgia of the fifth nerve were absent, that there were no signs of an affection of the facial nerve, or of any chronic cerebral lesion, the conclusion arrived at was that the case was to be viewed as one of neuralgia, or cephalalgia, connected with disordered stomach and liver, occurring in an hysteric person, and approximating, if a name were to be applied to it, to hemicrania, the neuralgia cerebralis of Romberg.

A week after her admission, under the use of astringent gargles and purgatives, her sore throat had disappeared, her tongue cleaned, and her bowels became less constipated. She took tincture of hyoscyamus in camphor water at night, and was placed upon nourishing diet and six drops of the solution of the arsenite of potassa three times daily, but no benefit

being perceived from the latter, pills of carbonate of iron and sulphate of quinia were substituted. The attacks became less frequent, whilst an improvement in her appetite and general health occurred.

During the night of the 23d, she had again a very hard paroxysm, and sat up nearly all night, evidently in great pain. A mustard plaster, and subsequently a blister, were applied to the back of the neck, but without effect. Towards sunrise she became composed, and slept quietly during the forenoon of the following day. At eight o'clock, P. M., she was again seized with intense headache; her eyes were fixed, she screamed aloud, was trembling and frightened; her skin was cold, and covered with a profuse perspiration. For several days, her attacks were of the same nature—always bad at night, but always mitigating in severity, and almost entirely disappearing in the morning; leaving her in the intervals tired and excitable, but free from pain, excepting that at times she complained of a feeling of soreness at the back of the head and neck. In one of these paroxysms on the 27th her head was drawn to the right shoulder, her masseter muscles were rigidly contracted, and her mouth could only be opened by applying ice to the cheeks. Mustard pediluvia and hot frictions to the spine did not allay her evident distress. Yet at my morning visit on the 28th, she was quiet and disposed to doze, although she felt nauseated, and had vomited her breakfast. I directed her a mixture of Acid hydrocyan. gtt. xxiv., Aq. Camph. ʒiij., Fluid Ext. Valer., ʒiij., Morph. acetat., gr. i.; to be given in table-spoonful doses every two hours, if the attacks recommenced. In the afternoon they did, and a few doses of the mixture were administered to her with the happiest results. She became calm, and slept well all night. On the 29th and 30th, she was exempt from attacks. The iron and quinia pills were continued, and wine added. Her appetite improved markedly, and up to the 5th of September a continual amelioration of her health took place. She walked about daily for hours in the garden attached to the hospital, and complained of no pain, except occasionally of a little over her eye, and on the

right side of the face, but showed strongly that disposition to deceive, which is so strikingly manifested in some hysteric patients.

On the 5th of September, the cephalalgia resumed its former intensity. It was noted that she was slightly feverish, and could not retain anything on the stomach. On the 6th, the spells were very frequent, and she was much excited. The prescription of the 28th of August was used, but without benefit. Vomiting was not a prominent symptom, but the next day it became so, and resisted all the remedies employed for its removal. She passed a miserable night, talking, screaming, and keeping all the patients in the ward in a state of alarm. Her cephalalgia was excruciating. She tried, and seemingly with some success, to relieve it by twisting a towel around her head, and several times, when asked as to its seat, she exclaimed, "there, there, inside," pointing to her brows, "the doctor thinks it is outside, but it is not." Seizing hold of persons standing by, her features distorted, her teeth grinding, her head drawn to the right shoulder from rigid muscular contraction, she implored for help against the death which she believed imminent.

In the morning, when I saw her, she was, however, sitting up in bed perfectly collected. The skin and tongue were dry, the bowels constipated, the pulse a few beats above eighty. The same old restlessness was marked, and the same fear of coming death. Occasional vomiting of a darkish matter still continued. The wine and tonic pills were stopped, and purgatives administered. She had several attacks in the afternoon and evening. During the ninth, a slight fever, if such a dry skin and a pulse of eighty can be called, was, as the day before, observed in the morning. The paroxysms succeeded each other rapidly, but I do not think that except in their frequency they differed from those she had had weeks previously. The impression of the Resident, who watched her very carefully, is, indeed, that they were less severe. During the day of the 10th, she had few and very slight attacks, but appeared excited and restless, although she talked less than usual. The bowels had been opened, the urine was

natural, and she ate her dinner with some relish. The oft-repeated question, "doctor, am I going to die?" and her desire not to let the Resident leave her, were the two main thoughts to which she gave utterance. At about 7, P.M., she stretched herself out in bed, and declared that she felt death creeping over her. But she soon got up again, and appeared as usual. At nine o'clock, she was sitting erect in bed, with her feet hanging out, expressing herself strongly on the fact that her husband, whom she had expected in the evening, had not made his appearance, when suddenly, again stating that she felt death approaching, she laid herself down deliberately in bed, and to the jesting remarks of the patients, who, accustomed to hear her declare she was dying, attached little importance to her actions, maintained an unbroken silence.

Finding that she did not answer, they became alarmed. The House physician was sent for; he found her perfectly unconscious, her face and forehead quite cool, her eyes fixed, the pupils contracted, the limbs extended in bed. She drew a few long breaths, then her breathing became so quiet as not to occasion any perceptible movement of the thorax. The pulse was distinctly felt, and was only beating forty times a minute. The mouth was slightly open, but there were no signs of paralysis of the facial muscles, nor of foam on the lips. When the arm was lifted up, it appeared somewhat rigid, but dropped back immediately to its former position. It seemed soon as if the respiration had ceased, for a mirror applied over the mouth was not in the slightest degree clouded. She remained in this condition for upwards of twenty minutes, not a limb moving, and without a gleam of consciousness. No involuntary evacuations took place; indeed, an injection that was administered was retained. Attempts at artificial respiration by Marshall Hall's method were kept up for ten minutes, with the sole result of quickening the pulse, which rose at one time up to 70, and then diminished again in frequency and strength until it disappeared. The pupils did not dilate until the heart's action could no longer be distinctly distinguished. It was impossible to fix the exact moment of her death, but it occurred in less than half an hour after the seizure.

AUTOPSY FOURTEEN HOURS AFTER DEATH.

Thorax.—The lungs were healthy, and rather pale. The heart was small, its walls firm. On the right ventricle was some fat, but it did not extend into the muscular structure; the valves were perfectly sound. The heart contained no clots; on cutting the vessels around it, the blood which poured out was observed to be very dark and very fluid.

Abdomen.—The liver was large and heavy ; on its capsule were a few thickened spots; the liver structure itself was healthy. So were the intestines. The stomach presented evident marks of chronic inflammation, its mucous membrane was prominent in parts and slate-colored. A few points of more recent injection existed—they were probably post mortem. The kidneys were small, rather firm; both cortical substance and tubules were perfectly healthy.

Head.—Upon removing the thick and dense scull-cap, the dura mater was found sound. The arachnoid, and pia mater were injected with a darkish blood, yet by no means to a great extent. The brain itself was perfectly healthy, not vascular; at no part was there extravasation. The cerebellum was examined with care, and no signs of increased vascularity detected. The base of the brain, and the nerves proceeding from it, were in every respect normal. The roof of the left lateral ventricle was strongly arched. On cutting through it a large quantity of clear serum ran out. The ventricle was much distended, especially at its middle corner; so was the right ventricle, but not so much as the left. The two ventricles communicated freely. In one, the choroid plexus was engorged, in the left it appeared empty. On pricking the lateral sinus, a large quantity of a dark fluid blood escaped, exactly like that contained in the veins within the thorax. The quantity of serum the ventricles contained was nearly four ounces; certainly more than three. There was no effusion between the convolutions of the brain. The brain substance itself was firm; at no portion was the slightest trace of previous disease met with. The wall of one of the ventricles appeared softer than the surrounding texture, but it was

evidently caused by the imbibition of the serum, since, examined with the microscope, the tissue was not perceived to deviate in any way from the normal structure.

The points of interest in this case are derived partly from the symptoms prior to death, and partly from those which attended the fatal termination. I have described it as a case of neuralgia; in so doing I have used the term in a wide sense. It is evident that some of the symptoms were those of an hysteric female, but it is also evident that actual intense pain existed, referable to some positive disturbance of the brain. The pain, as already stated, was neither that of tic douloureux, nor of an affection of the facial nerve. It was, however, distinctly paroxysmal, and its radiating character seemed to indicate its neuralgic nature. Although not strictly confined to one side, the attacks resembled much those of hemicrania, to which nervous females, with enfeebled digestive organs, are liable. The pain could evidently not have been owing to a permanent organic affection of the brain, or of its membranes. It was too intermitting in its nature, and neither the motor or intellectual functions were in the slightest degree affected ; nor did the autopsy reveal any traces of a chronic cerebral lesion. All speculations as to its immediate cause must of course be futile; yet it may be proper in this connection to suggest, whether the attacks were not preceded or accompanied by active congestion of the brain. In Dr. Copland's work on Palsy and Apoplexy,* several cases are given of suffering from neuralgia of the head and face, evidently connected with hyperæmia, and terminating in apoplexy. In the essays read by Sir Henry Halford at the Royal College of Physicians, similar instances are recorded, and as my patient died by apoplexy, although not sanguineous, and as certainly some of the symptoms were those witnessed in congestion of the brain, there seems to me nothing improbable in the assumption that the paroxysms were connected

* P. 177, Am. Ed.

with vascular injection, which led to the transudation from the vessels, toneless and filled as they were with a watery blood, of the large amount of serum which caused her death. I will not dwell on the curious psychological fact, that she seemed so certain of her approaching doom, nor on the circumstance that death in attacks of this nature are rare, nor will I discuss in how far a tonic, and in how far a derivative treatment ought to be pursued in similar instances, nor is it necessary to do more than direct attention to the muscular contractions which acompanied the paroxysms, and to the singular phenomena witnessed during the act of dying, but I shall pass on at once to a consideration of the chief medical interest which surrounds the case—the form of apoplexy by which the disease terminated.

Serous apoplexy, or death from the rapid effusion of serum, is an affection which is denied altogether by some authors, and only admitted in a spirit of scientific tolerance by others. The works of the older writers are filled with a description of such cases, but the large number of these are not such as would satisfy a rigid critic of the present day. Of all those which Morgagni in his fourth letter has collected, few can be considered undeniable specimens, and even these few, such as the case of Baptista Anguissola the prelate, or of Perrarinio the priest of Verona, or of the ostler, who was twice the subject of an apoplectic seizure, are not free from doubt. The great difficulty consists in every case, in determining how much of the effusion is cause, how much effect, how much attributable to post mortem exhalation, and, again, where to draw the line between death from serous, and death from simple congestive apoplexy.

Dr. Abercrombie, in his well-known work on Diseases of the Brain, although he cites several cases of apoplexy with serous effusion, infers that in them the presence of the fluid cannot be considered as the cause of the apoplectic symptoms, but is to be regarded as the result of that peculiar derangement of the circulation, which constitutes the state of simple apoplexy. He further adds that the distinction between serous and sanguineous apoplexy is not supported

by observation. If this statement be applied exclusively to the symptoms, such as pallor of face, weak pulse, it is true that a diagnosis is uncertain, although even on this point further clinical research is needed. But the first proposition is widely different. Where is the difficulty in admitting that the compression of the brain, which would occur from a serous effusion, be it either in the ventricles, or as sometimes happens, under the arachnoid, may cause the apoplectic symptoms? There is in this assumption nothing more than that it is the effused blood, and not the state of congestion in sanguineous apoplexy, which produces the signs of disturbance. To exchange the explanation of a process which may seem obscure, for another, like death from simple congestion, which is certainly not a whit less so, is not a gain, and it seems strange that nearly all of the present writers should have so unhesitatingly adopted Abercrombie's opinion. There is, moreover, an affection of the lung, acute œdema, which presents strong analogies to serous apoplexy, and surely no one can maintain that it is the congestion of the lung which proves fatal, and that the effusion of serum is the unimportant accompaniment.

Believing, then, that serous apoplexy exists as a separate disease, it is far more difficult to determine the cases to which the term is *post mortem* strictly applicable. Rokitansky,* in the last edition of his Pathological Anatomy, asks the question—Is there really a serous apoplexy, and are we able to diagnose it by an autopsy, without reference to the symptoms which preceded death? He somewhat reluctantly inclines to the view, that such an affection exists, and speaks of its being recognizable as a cause of death:

If the effusion is considerable, and accompanied by a hyperæmia of the meninges;

If a swelling of the brain from œdema exists in the immediate vicinity of the ventricles;

If the individual has not been previously appreciably affected with disease of the brain;

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* Third Edition, Vol. I., p. 453. Vienna, 1856.

If the frequently accompanying anomalies of other organs, especially of the lung, such as hyperæmia, hypostasis, œdema, represent nothing more than the consequences deducible from the phenomena and appearing during the agony of the paralysis of the brain, and are not, therefore, themselves to be regarded as having produced death, nor as having been the cause of the hyperæmia, and transudation within the cranium.

The case just reported answers in every particular the very strict requirements laid down by the distinguished pathologist quoted. There was hyperæmia and considerable effusion; there was a slight œdema immediately around one of the ventricles; there were no lesions in the lungs or in the other organs, which could account for death, and the patient had not had any signs of an undoubted cerebral lesion. In this respect the case is particularly valuable, since the history could be clearly ascertained prior to the fatal event. The short duration, too, of the attack, and the phenomena connected with the respiration and circulation, are remarkable.

In Andral's Clinique Medicale* will be found the account of a young mason, who was admitted into the Charité for headache of several days' duration. The pulse was not frequent, and the headache was the only symptom of note. The next day his intelligence seemed duller, and became more and more so, but his pulse was not rapid, his skin not hot, the pupils were sluggish, and only moderately dilated. They became finally more dilated, the pulse rose, the skin became dry, and profound coma set in. On opening the head, a large quantity of limpid serum escaped. No other appreciable lesion existed in the nervous system, nor in any of the organs of the body. Here evidently the serous effusion had been forming for several days. In the two observations which follow (XXI. and XXII. *loc. cit.*) death was much more sudden. In the one, the patient, who was being treated for a pulmonary catarrh, suddenly lost consciousness, and remained

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* Tome V., p. 88. Maladies de l'encephale. Observation XX.

for some hours, until death took place, with the same absence of all motion, slow pulse, opened mouth, as described in my case. In an instance which Cheyne* has detailed, paralysis was confined to the left side of the body, the face was pale, the pulse slow. One lateral ventricle was very much dilated, and full of clear serous fluid; the other contained but a small quantity of fluid, and was of natural size.

One point more requires discussion before the case that I have recorded can be completed. Did the effusion really take place suddenly, or had it been gradually forming? in other words, may it be supposed that the disease was acute hydrocephalus, which commenced perhaps a week or ten days before death, and ran on to a fatal termination? Now it is extremely difficult to say, what the symptoms of uncomplicated acute hydrocephalus are, for modern research has shown conclusively that in the large majority of instances, acute hydrocephalus is merely another name for tubercular meningitis. The main difference between pure cases of acute hydrocephalus and serous apoplexy, consists in one being a comparatively gradual effusion, and in the coma of the first being of more slow occurrence, and preceded by symptoms like those of acute meningitis. If the characteristic of any case of apoplexy be its suddenness, this may surely claim to be such. Nor can it be said that any symptoms existed which were exclusively those of an acute affection of the brain. It is true, there was intense headache, nausea, vomiting at one time, grinding of teeth, always extreme restlessness; but any of these symptoms may be the result of mere cerebral congestion. They were, moreover, intermitting, and not accompanied by a distinct fever, and whether or not slight effusions of serum occurred during the rapidly succeeding paroxysms of the last ten days, the symptoms of cerebral irritation and congestion alone were marked, and the final coma and signs of compression of the brain were as rapid as they were unlooked for. Let us add to this, that not the slightest signs of

* Cases of Apoplexy and Lethargy. London, 1812. p. 125.

an inflammatory process were after death detected, that the attacks were not probably different from those the patient had when she first came into the hospital, and as far as could be ascertained, not different from those prior to admission, and a diagnosis of acute hydrocephalus loses all probability.

ART. II.—*Case of Chancre of the Uterus, reported for the Pee Dee Medical Association at its Annual Meeting in Cheraw, June 9th*, 1858. By C. KOLLOCK, M.D., of Cheraw, S. C. *Published by request of the Association.*

On the third day of March last I was consulted by S—— J——, aged thirty-two years, unmarried, had had one accouchement. She was of rather a short frame and healthy in appearance. The patient complained of a pain, or rather uneasiness, through the loins and hips; stated that she had been for nine months past troubled with Prolapsus Uteri, and that she had at that time a very annoying discharge from the vagina. From her account of her feelings, and her description of the vaginal discharge, I was induced to suspect some uterine affection of an organic nature, and accordingly proposed an examination "p. v."

As soon as the finger was passed into the vagina, I discovered a considerable degree of Prolapsus Uteri, and upon touching the "os tincæ," it presented a roughness and unevenness of surface, different from what I had ever before experienced in a vaginal examination. In order to make clear what was then dark and obscure, I proposed the use of the speculum. On the following morning a bivalve speculum was introduced, and I discovered two well-defined ulcers, one on the parietes of the vagina, about an inch from the vulva, the other occupying the anterior lip of the uterus. The ulcers had, so far as could be ascertained by ocular inspection, every characteristic of the Hunterian chancre. They were of a grayish color, excavated, with margins irregular and ele-

vated; the vaginal discharge was puriform. Not being in search of any venereal disorder, and knowing nothing at the outset derogatory to the character of the patient to warrant even a suspicion of such a thing, and being aware of the extreme rarity of cases of uterine chancre, I must confess that I was slow to believe that I had found one. But the ulcers were so decidedly chancrous in appearance that I could not divest my mind of the idea that they were syphilitic in their origin. I was induced to question the patient as to her previous history; and upon being informed that she had never been married, but had given birth to one child, I proceeded with more care and greater strictness in my investigation, and obtained from her a statement as to the time when she had had a suspicious connexion. This was a full confirmation of my opinion, for the time that had elapsed since the last sexual intercourse was just sufficient to bring the chancres to the stage in which they were when I first saw them. But to make assurance doubly sure, and to remove all chance for cavil at the correctness of my diagnosis, I took pus from the chancre on the uterus, and inoculated both thighs. This was done on the fifth day of March. On the seventh the points of inoculation were red and somewhat swollen. On the eighth, vesicles made their appearance, which on the ninth were filled with pus. On the seventeenth of March the patient had on each thigh a genuine Hunterian chancre. While the chancres produced by inoculation were going through the several stages peculiar to this specific form of ulceration, the one on the uterus, and also that on the parietes of the vagina, were treated by the internal use of the bi-chloride of mercury and an external application of caustic, in the shape of the acid nitrate of mercury. In the course of eighteen or twenty days they were entirely healed. Those on the thigh were treated in a similar manner, and in due time were well cicatrized.

That chancre of the uterus is of exceedingly rare occurrence, every member of the profession, who has had any experience, can testify. From time to time, there are reported what are reputed to be cases of uterine chancre, but upon inquiring into their history and pathology, they often prove

to be cases of uterine ulceration, perhaps of syphilitic origin, but not veritable chancres. The late Cullerier, who was for many years Physician to a venereal Hospital in Paris, reports but three cases as having occurred in the whole of his career.

Gibert, who was for a long time Physician to the Lourcine, states, in a pamphlet that he published some years since, on "Uterine Diseases," that out of five hundred women who he examined with the speculum, one hundred and forty presented "granular erosions" of the uterus, the greater part of which he considered syphilitic in their origin, but not one of them presented the characteristics of the true chancre. Gibert also remarks, that up to the time of the publication of the pamphlet above alluded to, he had seen but three instances of veritable chancre of the uterus. Duparcque admits their extreme rarity, and although he was for a long time in the enjoyment of an extensive practice in the treatment of uterine disease, he is obliged to borrow from other authors the few cases which he gives in his work to illustrate syphilitic chancrous ulceration. Emery, of the "Hospital of St. Louis," who is also one of the Physicians to the "Dispensaire," and makes a weekly examination of the women of the town, makes a similar report. Ricord, who above all men would be the most apt to meet with cases of uterine chancre, mentions a very small number as having occurred in his private and public practice. Acton, who was for a term of years a pupil, and the intimate companion of Ricord, and in constant attendance upon the wards of the "Hôpital du Mide," states, in his excellent work on "Venereal Disease," which, by the way, is merely an epitome of Ricord's clinical lectures, that uterine chancres are scarcely ever met with in the wards of the Hospital. Balbirnie, on the contrary, asserts, that that during his connection with the "Hôpital du Mide," he saw in twelve months' time, many beautiful cases of chancre of the "os tincæ." This statement is obviously incorrect, and Balbirnie must have wholly misinterpreted the pathology of the cases which he saw. Is it probable that he saw many cases of uterine chancre in the wards of the "Hôpital du Mide," and that these cases should have escaped the observation of one

so experienced and skilled in such matters as Ricord? Lisfranc, in his Lectures on Diseases of the Uterus, makes no mention of chancre of the uterus; the inference therefore is, that he never saw a case of it. This fact, however, is not so remarkable; for, although Lisfranc had as much, if not more experience, than any man of his day, in this branch of practice, the speculum was not in vogue then as it is at the present time. The speculum being the only means by which a correct diagnosis can be formed of organic uterine affections, and may we not include most of the functional disorders, for many of them have their origin in some organic lesion of the viscus, it is not strange that a man, even with Lisfranc's opportunities, who made little or no use of the speculum, should fail to see cases of chancre of the uterus. This very rare affection, whenever seen, must be viewed through the blades of the speculum. Bennet, Physician Accoucheur to the Western General Dispensary, in London, and formerly House Physician (by concours) to the Hospitals "Notre Dame de la Pitie," and "La Salpetriere," in Paris, mentions but three or four cases as having occurred in the whole of his career. Columbat, Ashwell and West have all had most ample experience in the investigation and treatment of uterine diseases, and they have added to the literature of the medical profession very able volumes on the subject, but neither of them reports a case of chancre on the uterus.

Why it is that uterine chancre is of so very rare occurrence? is a question of much interest, and calls for a good deal of conjecture and speculation. Can it be, as has been contended by some, that its peculiar characteristics are so modified by the locality as to change entirely the appearance of the ulcer, thereby deceiving the eye of an experienced practitioner, and causing him to mistake it for an affection altogether different in its nature and consequences. Gibert, whose opinion it must be allowed is entitled to great respect in matters of this kind has expressed himself to this effect. With deference to Gibert and other distinguished advocates of his views, we must be allowed to affirm our inability to see any ground on which such an opinion can be based.

Chancre retains in perfection all its characteristics, when situated on the prepuce, glans penis, in the urethra, vulva, anus and mouth. The celebrated Telemacho Mitaxa, of Rome, mentions a case of chancre at the internal canthus of the eye, and also one in the meatus auditorius, both of which retained throughout the entire progress of the affection all of the distinctive features of chancre in its most ordinary location. That it is robbed of its specific attributes, simply by being situated on the uterus, is a point which we think may be safely controverted; and it devolves upon Gibert and others who advocate it, to show cause for their belief in the doctrine. Nothing has yet been discovered in the structure and arrangement of the component parts of the uterus, that warrants a belief in its power to modify a specific form of ulceration, to such an extent and in such a manner as to change entirely its appearance and nature. All the ordinary forms of inflammation and ulceration of the uterus obey with great regularity the laws governing these affections when situated on other parts of the body. We see no reason for believing that syphilitic chancrous ulceration forms an exception to the rule. Bennet, of London, in his valuable work on the uterus, offers, we think, the most plausible explanation of the extreme rarity of Uterine Chancre. The virus, he contends, is rarely deposited on the uterus, from the fact of its being brushed off by the walls of the vagina before the uterus is reached. This view, he adds, is corroborated by the rarity of chancres in the superior portion of the vagina, which must proceed from the same cause. But may there not be still another reason why the uterus is so seldom contaminated with syphilitic virus. We know that there is a very low state of vitality and sensibility in the "cervix uteri," and that absorption is less active there than at many other points of the body. Establishing this fact, is it not fair to presume that, should syphilitic virus have been deposited on any portion of the uterus, so much time being necessary for it to take effect, it may by some means or other be removed before the organ has become contaminated. The practice of using the vaginal syringe, so common among females, would prove a very